



Medicare & You

MEDICARE + CHOICE
LOCAL PLAN INFORMATION 2002



CENTERS FOR MEDICARE & MEDICAID SERVICES

Your Medicare health care coverage is one of the most important assets you have. This guide provides information in addition to the Medicare & You 2002 handbook that you recently received in the mail. Use this guide along with Medicare & You 2002 to make decisions about your health care choices.

We're making it easier for you to learn about your choices with...

- ✓ **Information about Medicare.** The Medicare & You 2002 handbook was recently mailed to each household of people with Medicare. This handbook is designed to help you learn about health care choices you have as a person with Medicare.
- ✓ **Expanded phone services.** Call 1-800-MEDICARE (1-800-633-4227) for fast answers to your questions. You can speak with a customer services representative 24 hours a day, including weekends.
- ✓ **Information on the Web.** Look on www.medicare.gov for information you can trust. You can get the most up-to-date Medicare news and answers to your questions right now.
- ✓ **New tool to help you decide.** Choosing the Medicare health plan that's right for you is an important decision. The new "Medicare Personal Plan Finder" can help you make your health plan choice. This new service is on www.medicare.gov on the Web. Or, call 1-800-MEDICARE (1-800-633-4227). Ask about the "Medicare Personal Plan Finder."
- ✓ **Help paying Medicare expenses.** States have programs for people with limited income and resources that pay some or all of Medicare's premiums. Some programs may also pay Medicare deductibles and coinsurance. For more information, see page 58 in the Medicare & You 2002 handbook.

If you are happy with how you get your Medicare benefits now, you don't have to change. No matter which option you choose, you are still in the Medicare program. You will get all the Medicare services and protections you know and trust.

MEDICARE + CHOICE LOCAL PLAN INFORMATION

On the following pages, you will find details about the Medicare + Choice health plans available in your area. Medicare + Choice plans may include Medicare managed care or Medicare Private Fee-for-Service plans. You will also find instructions on how to read and understand the charts in this guide. This information will help you compare your options. It is important for you to understand these options so you can make the best choice for you.

Available in this guide are:

- Phone numbers and addresses of local plans
- Monthly premium charged
- Benefits and costs, including extra benefits like prescription drugs

Some of the plan information may change. Before making a final decision, please call the plans you've chosen to make sure that you have the most recent and complete information available.

MEDICARE + CHOICE LOCAL PLAN INFORMATION

What will I see on the following pages?

You will see a chart of basic information about Medicare + Choice plans in your area. Each company that has a contract with Medicare can offer one or more plans. Companies decide where to do business and may not be available everywhere. Remember to check with the company and ask if the plan you are interested in is offered in your ZIP code.

How do I read the chart?

Medicare + Choice plan descriptions and costs are listed by company name on the following pages. Please read this example before turning to page 5.

If "Information Not Available" appears in the charts, Medicare did not get the information in time to print it. You can look at www.medicare.gov on the Web or call 1-800-MEDICARE (1-800-633-4227) for updated plan information.

EXAMPLE

Maryland								
Company Information	Plan Name	Plan Service Area	Monthly Premium*	Doctor Choice**	PCP Copay	Prescription Drug Coverage***	Routine Physical Exams	Vision Services
ABC Health Plan (H4567) (1) 1-888-555-5555 (2) Approved by Medicare (3) Managed Care Plan (4) Available to current members (5) Quality Measure (6)	Medicare Gold (001) (7)	Prince Georges County (8)	\$50 (9)	Network (10)	Under Review (11)	\$15-\$40 Copay Semi-annual limit (generic, brand non-formulary, preferred brand non-formulary) (12)	Yes, for an extra cost (13)	Yes, for an extra cost (14)

MEDICARE + CHOICE LOCAL PLAN INFORMATION

Description of numbered items in example on page 2:

1. **Company Name.** Name of company that contracts with Medicare to offer Medicare + Choice plans. (The number next to the name is for Medicare's use only.)
2. **Customer Service Number.** Number to call for information about the plan(s) offered.
3. **Approval Status.** Tells you if Medicare has approved the benefits and costs offered by the company for the year 2002. "As submitted by organization" means the company has a current contract with Medicare, but Medicare is still discussing the benefits and costs offered by the company for the year 2002.
4. **Plan Type.** Tells you if this is a Medicare managed care plan or Medicare Private Fee-for-Service plan.
5. **Special Rules.** Tells you if there are special rules for joining this plan.
6. **Quality Measure.** Gives you the results of one question from the Medicare Beneficiary Satisfaction Survey. The question asked plan members to rate the care they had received in six months from all doctors and providers in their own plan, using any number on a scale from 0 (worst possible care) to 10 (best possible care). In a few cases, a note will tell you "Not Available" instead of a quality rating. This means the plan was too new to be measured, or the number of Medicare members was too small to report, or Medicare did not require the plan to report this information.
7. **Name of the Medicare + Choice plan.** (The number next to the name is for Medicare's use only.)
8. **Plan Service Area.** The local area where the plan is being offered. You must live in this area to join this plan. Check to make sure that your ZIP code is in the plan service area.
9. **Monthly Premium.** Amount you pay each month, in addition to your monthly Medicare Part B premium, when you join the plan. In a few cases, a note will tell you "Under Review" instead of a premium amount. This means Medicare and the company are still discussing the amount.

MEDICARE + CHOICE LOCAL PLAN INFORMATION

Description of numbered items in example on page 2: (continued)

10. **Doctor Choice.** Tells you if you must see only doctors who belong to the plan (network) or if you may go out of network.
11. **PCP Copay.** Tells you how much you must pay for each visit to your primary care physician (PCP). If "Under Review" appears, it means that Medicare and the company are still discussing the copayment amount.
12. **Prescription Drug Coverage.** Tells you if the plan covers prescription drugs. If "Yes, for an extra cost" appears, it means you can choose to have prescription drug coverage with this plan, but it will cost you extra. Some plans cover only certain drugs or pay up to a set dollar limit. If the plan covers prescription drugs as part of the plan, you will see the copayment amount for generic drugs. Also, you will see if there is an upper limit for prescription drug coverage. This is a time period, and you should call the plan to find out the dollar limit for this period. There can be limits on the plan-approved drugs, which is a list of generic, brand name, and/or preferred brand name drugs. Also, there may be limits on non-formulary drugs (drugs not on the plan-approved list of drugs). If "Overall" appears, it means that the limit applies to all drugs. If "Unlimited" appears, there is no limit on generic drugs. Call the plan to get all the details of prescription drug coverage so you understand any conditions or limits. If "Under Review" appears, it means that the prescription drug coverage is still being discussed.
13. **Routine Physical Exams.** Tells you if the plan covers routine physical exams. If "Yes, for an extra cost" appears, it means the plan covers routine physical exams, but it will cost you extra. If "Under Review" appears, it means that Medicare and the company are still discussing the routine physical exam coverage.
14. **Vision Services.** Tells you if the plan covers vision services. If "Yes, for an extra cost" appears, it means the plan covers vision services, but it will cost you extra. If "Under Review" appears, it means that Medicare and the company are still discussing the vision services coverage.

Year 2002 Medicare Health Plans Available in Parts of Kentucky and Tennessee

Some plans may be open to current members only. Please call 1-800-MEDICARE or the health plan to ask if the plan you are interested in is currently accepting new members.

Kentucky								
Company Information	Plan Name	Plan Service Area	Monthly Premium*	Doctor Choice**	PCP Copay	Prescription Drug Coverage***	Routine Physical Exams	Vision Services
Anthem Senior Advantage (H1803) 1-800-467-1199 As submitted by organization Managed Care Plan Rating not available	Anthem Senior Advantage - Plan 003 (001)	Boone	\$0	Network	\$5	Yes, for an extra cost	Yes	No
Anthem Senior Advantage (H1849) 1-800-467-1199 As submitted by organization Managed Care Plan 48% of members rated their care as the best	Anthem Senior Advantage - Plan 003 (003)	Campbell, Jefferson, Kenton, Oldham	\$0	Network	\$5	Yes, for an extra cost	Yes	No
Sterling Life Insurance Company (H5006) 1-888-858-8572 As submitted by organization Private Fee-for-Service Plan Rating not available	Sterling Option I (001)	Multi-State	\$78	Any doctor	\$20	No	No	No

Call 1-800-MEDICARE (1-800-633-4227, TTY/TDD: 1-877-486-2048 for the hearing and speech impaired) or look on the Web at www.medicare.gov for more detailed information, including costs and benefits, about these health plans.

* This is the amount you must pay each month to belong to the plan. You must continue to pay the monthly Part B premium (\$50.00 in 2001). New Part B premium amounts will be available in January for the year 2002. Some companies may offer extra benefits for an additional cost. This information is available on www.medicare.gov or through 1-800-MEDICARE (1-800-633-4227, TTY/TDD: 1-877-486-2048 for the hearing and speech impaired).

** Network means you have to see doctors who belong to the plan. Call the plan to find out if your doctor is a member of the plan.

*** The drug information listed is for generic drugs only. Some plans cover only certain drugs or pay up to a set dollar limit. Call the plan to get all the details of prescription drug coverage so you understand any conditions or limits.

Tennessee								
Company Information	Plan Name	Plan Service Area	Monthly Premium*	Doctor Choice**	PCP Copay	Prescription Drug Coverage***	Routine Physical Exams	Vision Services
HealthSpring, Inc. (H4454) 1-615-401-4514 As submitted by organization Managed Care Plan 59% of members rated their care as the best	Health Spring Medicare+Choice Value (002)	Middle Tennessee	\$0	Network	\$10	\$10 Copay Unlimited	Yes	Yes
	Health Spring Medicare+Choice Standard (006)	Middle Tennessee	\$0	Network	\$20	\$15 Copay Unlimited	Yes	Yes
John Deere Health Plan, Inc. (H4456) 1-800-334-6869 As submitted by organization Managed Care Plan 57% of members rated their care as the best	Secure Plus Basic (003)	Eastern Tennessee and Southwestern Virginia	\$25	Network	\$10	No	Yes	No
	Secure Plus Choice (004)	Eastern Tennessee and Southwestern Virginia	\$63	Network	\$10	\$7 Copay Annual limit (overall)	Yes	Yes
Cariten Senior Health (H4461) 1-865-670-7790 As submitted by organization Managed Care Plan 57% of members rated their care as the best	Cariten Senior Health - Advantage Plus (001)	Knoxville Area	\$55	Network	\$10	\$10 Copay Quarterly limit (overall)	Yes	Yes
	Cariten Senior Health - Advantage (004)	Knoxville/Chattanooga Area	\$23	Network	\$10	No	Yes	Yes
Sterling Life Insurance Company (H5006) 1-888-858-8572 As submitted by organization Private Fee-for-Service Plan Rating not available	Sterling Option I (001)	Multi-State	\$78	Any doctor	\$20	No	No	No

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**U.S. DEPARTMENT OF
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Look at Medicare Health Plan Compare at www.medicare.gov on the Web, or call 1-800-MEDICARE (1-800-633-4227) to get help with your Medicare questions.

¿Necesita usted una copia en español? Llame gratis al 1-800-MEDICARE (1-800-633-4227).